

State of Missouri Matt Blunt, Secretary of State

Corporations Division P.O. Box 778 / 600 W. Main Street, Rm 322

Application for Reservation of Name
(For each name listed, submit fee of \$25 for each business entity except Limited Liability Partnerships)
(Submit a fee of \$30.00 for each Limited Liability Partnership)

The undersigned requests that the liability company, or limited liab	following name (or names) be reserved lity partnership.	d for designating a corporation, limit	ed partnership, limited
Reserved by:			
Reserved by.			
Signature	Printed Name	Title	Date
Street	City/State/Zip		
	Assignme	ent	
	o .		
For value received			assigns and
transfers unto(Name)	(Address)	the	right to use the name for
corporate, limited partnership, lin	nited liability company or limited liabil	ity partnership purposes in the State	of Missouri.
Signature of Applicant	Printed Name	Title	Date